

Report summary

Edging away from care – how services successfully prevent young people entering care

This report shows how services in 11 local authorities helped to change the lives of young people at risk of entering care for the better. It identifies the successful intervention services seen by inspectors during the survey and considers what young people, their families and the managers and professionals interviewed explained as the main factors that contributed to effective help.

The survey found that all the local authorities visited were taking steps to ensure that only those children and young people who needed to became looked after. They were committed to working 'safely' to reduce their numbers of looked after children and to manage the risk associated with maintaining the young people within their families and communities. In five of the local authorities a range of intervention services was available which specifically focused on this target group. In others there was one dedicated team or project; or the needs of this cohort of children were met within their broader children in need services. Each area visited demonstrated examples of good practice, although not all of the key factors identified through this survey as successfully supporting young people on the 'edge of care' were evident in any one authority.

Within this varied provision consistent themes emerged. From the young people and families interviewed the overriding message was that it was the quality of the professional involved, significantly the key professional, which was the crucial factor in helping to achieve success. These key professionals had a range of backgrounds and qualifications including social work, youth offending, nursing or psychology. They persevered with families who often did not want to engage with them. They were described as persistent, reliable, open and honest, which included being absolutely straight about what needed to change. They enabled the families to see that they had strengths and that change was possible. These were professionals who had the time to respond quickly, often outside normal working hours, and work intensively with families. They were able to understand, and work from, the families'



starting point. They also recognised that, while the young person's needs were the priority, the needs of parents, including fathers, had to be addressed and they successfully achieved this balance.

In addition to the qualities of the professionals involved, the most successful services were those which incorporated explicit and clearly stated models and methods of intervention, including a repertoire of tools for professionals to use. A clear intervention model supported professionals to be more confident and informed and led to better and clearer outcomes with young people and families. It was the clarity of the model, rather than the model itself, which seemed to support this success and this in turn enabled young people and families to understand more clearly the overall direction, plan and timescales of the intervention.

While a strong and persistent key worker could overcome shortfalls in terms of the initial assessment and planning, the survey found that successful services were more often supported by some key factors, in addition to those described above. These were:

- strong multi-agency working both operationally and strategically; this involved strategic analysis and understanding of the needs of this cohort of young people accompanied by investment in services to address these needs
- clear and consistent referral pathways to services
- clearly understood and consistent decision-making processes based on thorough assessment of risks and strengths within the family network
- a prompt, persistent, and flexible approach, which was based on listening to the views of the young person and the family and building on their strengths
- a clear plan of work based on thorough assessment and mutually agreed goals; regular review of progress and risk factors; robust and understood arrangements between agencies in respect of risk management; and clear planning for case closure and for sustainability of good outcomes.

The multi-agency case records reviewed during the survey did not always clearly demonstrate the outcomes of the intervention for the young person and their family although in some cases the assessment, planning, review and closure documentation did provide this information. The young people and families who contributed to the survey confirmed, without exception, that outcomes had improved for them even where the case records did not demonstrate this.

Young people and their families were readily able to identify the difference that these services had made to their lives; overall this was consistent with the key outcomes that professionals were able to identify during our survey discussions. In all the families spoken to, the young person had been supported to remain living at home or in the community and for the individual concerned this was a successful outcome. There was a prevailing view among the families that entering care would have



resulted in worse outcomes for the individual young person. The other main outcomes that were identified by young people, family members and professionals related to:

- improved behaviour including anger control, offending or anti-social behaviour
- improved school attendance and attainment
- improved family and peer relationships
- raised confidence and self-esteem
- increased aspirations and employability
- improved physical living conditions
- improved mental and physical health
- a lessening of risk to the young person's safety and well-being.

Despite consistency in the outcomes identified both by families and professionals, there was inconsistency within and across local authorities in the methods they used to identify and capture outcome and success criteria. This meant that outcomes might be identified in different ways by individual professionals or different services. This suggests the need for greater consistency in the identification and measurement of outcome or success criteria notwithstanding the clearly challenging context of measuring 'soft' data. There is also a need for realistic timescales to achieve longer-term outcomes such as the impact on the overall numbers of children in care. The areas visited could not yet demonstrate that successful services had reduced overall care numbers and the reasons given for this are complex. However, in at least three local authorities there were early signs of a reduction in the number of children and young people (over 10s) entering care.

While many young people and families spoken to by inspectors felt that they would be able to sustain the changes they had made, this survey has not been able to explore the long-term sustainability of outcomes as, for most families, the support received was recent. The longer-term sustainability of outcomes, particularly the impact on families who had received long-term intensive intervention, is an area that deserves further investigation. Some early indications suggest that longer interventions are more suited to a more chronic type presentation of neglect, whereas the shorter models favour families with an acute need; however, further research is needed.

Key findings

■ The young people and families who contributed to this survey highly valued the support they had received and could clearly identify the contribution this had made to their lives. In many cases they regretted that this type of support had not been available to them at an earlier stage.



- As a result of the support provided none of the young people who contributed to this survey had entered care. All could identify improvements in their lives in areas which included improved relationships, behaviour, emotional health including increased confidence and self-esteem, school attendance and attainment, and increased aspiration and ambition. In addition, parents believed they had become better parents.
- Evidence from those interviewed indicated that the most crucial factor in successfully preventing young people from entering care was the ability of the key workers to engage with the young person and their family to help them see that positive change was achievable.
- The successful services seen were able to engage the majority of young people and families who were referred to them, even where previously services had failed to do this.
- In those families where engagement had not been successful, despite persistent and concerted attempts by services, professionals identified that significant factors were a lack of parental warmth or empathy with the children, or significant mental health issues which could not be successfully addressed within the timescales for intervention.
- While the model of intervention was less important to the young person and family than the qualities of the professionals working with them, explicit and clearly stated models and methods of intervention supported more confident and informed professionals and better, more clearly defined outcomes for the young person and family. However, the survey did not find evidence that any one particular model was more effective than others.
- The features of successful engagement with young people and their families that were most valued by the families were:
 - approaches which built on the strengths of the family
 - persistence, reliability and flexibility including the speed of response
 - open and honest communication, including in relation to what was and was not acceptable behaviour
 - an approach which valued family members, listening to, respecting and understanding the family's perspective
 - clarity about expectations and what needed to be done to achieve improvements and the consequences for the family of not doing so
 - identifying and addressing the needs of all family members
 - working alongside the family to achieve shared goals
 - a clear plan to sustain progress when the involvement of the service ceased.
- Services which successfully supported young people and their families were able to work flexibly and responsively to address the range of identified needs of the



young person and family. They were often felt to be a lifeline for families in crisis. This often meant working at evenings and weekends and having clear arrangements for contact when lead workers were unavailable.

- Successful outcomes were supported by strong multi-agency working at both operational and strategic levels. This involved:
 - respecting the contribution that each agency had to make
 - sharing key information to support robust assessment, planning and review of young people's and families' needs
 - coordinating the contributions of different services to ensure that a family's needs could be addressed promptly while avoiding duplication of services; the role of the key or lead worker was crucial in this.
- Clearly understood and shared arrangements across agencies for managing risks to young people, including the roles and responsibilities of different agencies, were fundamental to safely supporting children and young people on the edge of care.
- While many of the young people and families believed they could sustain the changes they had made, it was very important to know where they could obtain back-up support and advice should difficulties re-emerge. A clear plan to address the ongoing support needs of young people and their families was essential in ensuring that the benefits of intensive intervention were sustained.
- It was not always clear why and how decisions had been taken to support young people in their families rather than allow them to enter care. For some young people and their families this meant that decisions about whether and how to support them were based only on individual knowledge and information about available services, without a clear overall understanding of the needs of young people and resources available within the service area. This meant that the targeting of the services could appear somewhat ad hoc and did not always appear to be based purely on the analysis of risk and protective factors for that family. The survey found that robust and clearly understood decision-making and referral arrangements supported effective decisions and ensured that services were targeted most effectively at the cohort of young people who would benefit from them the most.
- The survey found that robust assessment of risk and protective factors led to effective planning of intervention strategies with ongoing, regular review of progress. However, in some cases assessments failed to clearly identify and address risk and protective factors, and seemed to be a separate activity rather than the foundation for decision-making and planning; although in these cases good outcomes had still been achieved due, in the main, to the persistence of the key worker and the timeliness of the intervention. While the work of individuals could overcome some of the initial shortcomings of the assessment and was able to effectively address risk and protective factors on an ongoing basis, a clearly



- articulated assessment and planning process assisted in addressing needs swiftly and appropriately.
- While young people, families and key professionals were in most cases clear about what outcomes had been achieved, these were often not effectively captured in case records.
- Despite working in the context of great financial pressure, the local authorities visited were generally committed to continuing and sustaining a range of preventative services. This was based on the belief that preventative rather than reactive services were more effective in terms of outcomes and costs. However the impact may not be demonstrated in the short term. All 11 local authorities were using the opportunity of more flexible funding arrangements to re-design and re-align services to ensure maximum cost benefits.
- There was not as yet a consistent approach to identifying success and outcome criteria or to measuring and collating this information. Many of the outcome measures identified were found to be qualitative rather than quantitative, and long- rather than short-term; they were therefore more challenging to measure. While some individual services had adopted different approaches and practices to identify and capture outcome criteria, as yet this good practice was not widely shared across services with an agreed approach across the local area. There was a similarly disparate approach towards calculating cost savings.

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